

Editorials and Association Notes

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510 MEDICAL ARTS BUILDING, WINNIPEG

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News of The Annual Meeting

The visiting speakers and the local speakers have departed, leaving a legacy of wise counsel behind them, and a general feeling that this was one of the most outstanding annual meetings of the Manitoba Medical Association. Our thanks are due to the speakers and to those who organized the meeting.

The total registration was 359 and of these 115 attended the Annual Meeting and Dinner. All the reports were passed except those on Health Insurance, which were deferred until an unanimous report could be issued.

It was resolved that a revised constitution of the Association be printed and placed in the hands of each Man'toba doctor.

It was resolved that the Health Officers' standard of fees be recommended, e.g., \$1.00 per school child per year in rural municipalities and 50c in villages and towns.

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Dr. C. W. Burns moved that the Executive appoint a committee to review Workmen's Compensation Board schedule of fees. Carried.

After a fitting Presidential Address by Dr. Frank K. Purdie, the result of the election was announced:

Dr. D. C. Aikenhead—President.

Dr. Stuart Schultz—First Vice-President.

Dr. P. H. McNulty—Second Vice-President.

Dr. D. L. Scott—Secretary.

Dr. W. G. Beaton—Treasurer.

Dr. J. R. Martin—Member at Large, Rural.

Dr. A. Hollenberg—Member at Large, City.

A Life Saving Sign

A few months ago a man with very mild mitral disease had some teeth out. He did not bother to mention his heart trouble to the dentist. He began to run a temperature about a week later and eventually developed clubbing, splenic enlargement, anaemia and a positive blood culture, *i.e.*, subacute bacterial endocarditis.

This fatal disease might have been prevented if every dentist had a little sign on his office wall:

Heart Disease

Tooth extraction may cause blood poisoning in patients with valvular or congenital heart disease unless certain precautions are taken. Do not keep your heart disease a secret from your dentist.

This is the fourth such case seen by the writer in three years. The precautions recommended are: 1. Avoidance of extraction, if possible, by regular care of the teeth and gums. 2. Preoperative treatment of the gums. 3. Intravenous injection by a doctor of three grams of sulfapyridine immediately before the extraction. This compound is more lethal to viridans strains than other sulfa drugs (Am. J. Med. Sc. 1942, p.577). If this is not possible, 45 grains of sulfapyridine by mouth three hours before extraction. 4. Dusting of sulfanilamide into the socket after extraction (no packing).

The normal transient viridans bacteremia after tooth extraction (Lancet 1935, 229 p. 869) is of no consequence except in patients with valvular or congenital heart disease where the streptococcus viridans is apt to find lodgment on the abnormal valves and defy all attempts at eviction. These cases are the more pathetic as it is the milder cases of valvular heart disease who are particularly subject to this infection. Tooth extraction is not the only exciting cause of this disease, but it must be the exciting cause of many hundreds of preventable deaths on this continent each year.

When a doctor is consulted by a patient with rheumatic or congenital heart disease one of his most important duties is to warn of the danger of tooth extraction.

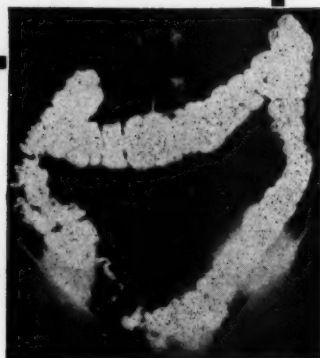
F.G.A.

Obituaries

Dr. Maurice Ray Fargey died on September 1st at Man'toba Sanitorium, Ninette, aged 36. He graduated in Medicine from the University of Manitoba in 1933 and served his internship in St. Boniface Hospital, after which he practiced at Bowsman River, Man'toba. He is survived by his widow and a daughter. Burial took place at La Riviere, Man.

Results of Extensive Studies of Research on the Use of Bran

X-ray of barium meal in the colon where laxative effect is primarily exerted. Observations indicate that KELLOGG'S ALL-BRAN does not interfere with normal digestive processes in the stomach or small intestines.



RECENTLY reported developments in research as to the mode of laxative operation of ALL-BRAN added to unrestricted and uncontrolled diets are of considerable interest. Evaluations by the use of measuring methods that have been found consistently reliable indicate that:

- When bran is added to the diet a desirable change takes place in the waste material—it becomes bulkier and softer.¹
- Bran exerts its laxative effect primarily in the colon; it does not interfere with normal processes of digestion in the stomach or small intestine.²
- Bran has little effect on the emptying time of the colon when this emptying time is as it should be. But among subjects with a delayed emptying time, bran has a distinct accelerating effect.²
- It is not necessary to control rigidly the quantity of bran eaten, as 2 ounces (double the usual cereal serving) eaten daily does not result in a corresponding increase in laxation.³
- Bran eaten every day for an extended period of time has no adverse effects on normal intestines; its continued use does not lessen or increase its laxative effect.³

¹ "Mode of Action of Bran," Journal of Laboratory and Clinical Medicine, August, 1941.

² "Roentgen Study of Intestinal Motility as Influenced by Bran," The Journal of the American Medical Association, February 3, 1940.

³ "Effect of Long-Continued Consumption of Bran by Normal Men," Journal of American Dietetic Association, April, 1942.

Any or all of these reports are available. Requests for reprints relative to the action of KELLOGG'S ALL-BRAN should be made to
KELLOGG COMPANY OF CANADA LIMITED, London, Ont.

Dr. Angus T. Condell

Dr. Angus T. Condell, county coroner for the past thirty years, died at his residence in Brandon September 14. Born in 1869 at Benaron, Ontario he taught school in Ontario, then came to the North West Territories at the age of 24. In 1899 he graduated in Arts from Manitoba College and in 1902 obtained his degree in Medicine. He went to Brandon and practised there continuously. He is survived by his widow, one son who is in the R.C.A.F., and one daughter.

Golf Tournament Results

The Annual Manitoba Medical Association Golf Tournament was held over the Niakwa Country Club course on Wednesday, September 22nd. Considering that the sky was overcast and rain threatened, the attendance was good and a friendly nip-and-tuck battle for the Association trophy was enjoyed by all.

Dr. N. W. Warner and Dr. J. S. McInnes tied for top honours with a net 75. Arrangements for the play-off have been made. Dr. Digby Wheeler, playing on his own clover carpeted pasture, was the low gross shot-maker, carding an 86.

The Golf Committee wishes to thank Dr. W. E. R. Coad for his kindly assistance in acting as tallymaster.

Warner, N.	- - -	90—15=75
McInnes, J. S.	- - -	92—17=75
Wheeler, D.	- - -	86—10=76
Bracken, A. D.	- - -	91—15=76
Musgrove, W. W.	- - -	94—18=76
Matheson, J. M.	- - -	93—14=79
McQueen, J. D.	- - -	99—19=80
Thomas, A. N.	- - -	100—20=80
Cruise, J. T.	- - -	106—26=80
Gardner, W. A.	- - -	108—28=80
Toni, Stephen	- - -	106—25=81
Bachynski, V. F.	- - -	103—21=82
Tass, David	- - -	104—22=82
Edmison, H. M.	- - -	109—27=82
Jones, E. A. J.	- - -	108—25=83
Alexander, E. H.	- - -	105—21=84
Chown, Gordon	- - -	107—22=85
Swan, R. R.	- - -	104—18=86
Potoski, M.	- - -	104—18=86
Kitchen, H. D.	- - -	118—30=88
Young, F. A.	- - -	109—20=89
Stewart, C. B.	- - -	115—25=90
Boyd, W. J.	- - -	124—30=94

Extracts from Proposed Bill for National Contributory Health Insurance

Department Proposals for a Plan of National Contributory Health Insurance, Public Health, the Prevention of Disease, and Other Matters Related Thereto, for Consideration of Parliamentary Committee

It is considered by the Department that in order to facilitate consideration by a Parliamentary or any other Committee, the total results of the study so far given to these subjects might be submitted in the form of a draft Bill with the necessary Schedules. The draft Bill is complete except as to matters relating to costs but the formula therein contained is intended to operate under any plan of distribution of costs that may eventually be decided upon. It is clearly understood that the draft Bill has not been introduced into Parliament to date. The following are extracts from the draft Bill of interest to the medical profession:

Persons Qualified to Receive Benefits

3. (1) Subject to the provisions of this Act, all persons who have their normal place of residence in the province, and in whose case the requirements of this Act are complied with by them or on their behalf, shall be qualified to receive the benefits of health insurance conferred by this Act for themselves and for any children under the prescribed age of whom they have for the time being the care and control.

(2) Any person who is entitled to the benefit of health insurance as aforesaid may be referred to as a "qualified person."

Contributors

5. (1) Subject to the provisions of this Act, all persons who are employed in any of the employments specified in Schedule B to this Act, shall, while so employed, contribute hereunder as employed persons.

(2) All persons employed as aforesaid may be referred to as "employed persons" and all persons who contribute as employed persons may be referred to as "employed contributors."

(3) All persons required to contribute hereunder otherwise than as employed persons shall be assessed yearly, in the manner provided by this Act, for the amount they are to contribute, and all persons who contribute as assessed persons may be referred to as "assessed contributors."

(4) If any employed contributor, or any assessed contributor, has dependent on him for support any person, other than a child referred to in subsection (1) of section 3, he shall be liable to pay the contribution of that person, as set forth in Schedule A to this Act, for any part of the year for which the contribution of that person is not otherwise paid; but if in any case partial dependency is established, a proportion of

the aforesaid contribution shall be payable by the said contributor equal to the proportion in which he supports the said person.

(5) Unless it is otherwise established in any case, the wife or husband of any contributor shall, for the purpose of this section, be deemed to be fully dependent on that contributor for support.

(6) Notwithstanding anything in this Act contained, no contribution shall be required to be made by or on behalf of a child under the prescribed age except contributions required to be made thereunder by or on behalf of any such child as an employed person.

6. (1) Any person who contributes for a part of any year as an employed contributor shall contribute for the remainder of that year as an assessed contributor, and if any person contributes hereunder for any portion of a year both as an assessed contributor and as an employed contributor, a refund shall be made to him of the amount of the contributions paid by him as an assessed contributor for the aforesaid portion of the year or the said amount may be applied to pay any contribution of any person who is dependent on him and for whom he is liable to make contribution as aforesaid.

Medical, Surgical and Obstetrical Benefits

28. (1) For the purpose of administering medical, surgical, and obstetrical benefit, the Commission shall, in accordance with regulations made hereunder, make arrangements therefor with practitioners in medicine, surgery and obstetrics who are regularly qualified, duly licensed and in good standing in the province (in this Act referred to as "Medical Practitioners" or "Medical Advisers" as the circumstances may require, including specialists and consultants in medical, surgical, and obstetrical diagnosis, treatment, and procedures.

(2) The regulations and arrangements aforesaid shall be such as to secure that qualified persons shall, subject to the provisions of this Act, receive from medical practitioners with whom arrangements are so made all such adequate measures for the prevention of disease, and all such proper, necessary and adequate medical, surgical and obstetrical treatment, attendance and advice as may be prescribed, and the said regulations and arrangements shall, subject to such terms and limitations as may be included therein, be such as to secure

(a) The preparation and publication of lists of medical practitioners who have agreed to attend, treat

and advise qualified persons, and the class or classes of service each such practitioner is qualified and prepared to provide;

- (b) The right on the part of any medical practitioner as aforesaid who is desirous of being included in any such list of being so included on making application to that effect in the prescribed manner;
- (c) the right on the part of any qualified person, not being a child as hereinafter in this paragraph referred to, of selecting, at such times as may be prescribed, from the appropriate list the medical practitioner by whom he wishes himself to be attended, treated and advised, and of selecting in like manner the medical practitioner by whom he wishes any qualified child under the prescribed age, of whom he has for the time being the care and control, to be attended, treated, and advised, and, subject, in each case to the consent of the medical practitioner so selected, of being attended, treated, and advised by him;
- (d) the right on the part of any qualified person to the services of specialists and consultants, ordinarily after consultation with and on the recommendation of the medical adviser that person may have selected as aforesaid, and the right on the part of that person to select the specialist or consultant, subject to any regulations made in that behalf;
- (e) the distribution among the several medical practitioners whose names are on the lists, so far as practicable under arrangements made by them, of the qualified persons who after due notice have failed to make any selection or who have been refused by the medical practitioner whom they have selected;
- (f) the services of medical practitioners in the prevention of disease and in the conservation of health and physical fitness as provided in the arrangements aforesaid;
- (g) that, in case of an emergency, no medical practitioner shall be entitled to remuneration from the Fund for any service rendered to any qualified person in the performance of which the medical practitioner exceeds his professional competence as shown by the lists as aforesaid;
- (h) that the method or methods of remuneration of medical practitioners and the rate thereof, whether by capitation, by fees, or by salary, or by any combination thereof, or otherwise, shall be such as may be provided for in the arrangements aforesaid with medical practitioners and shall be subject to revision from time to time as may be provided for in the arrangements aforesaid; and
- (i) the keeping of adequate and satisfactory clinical records by medical practitioners as prescribed.

(3) Arrangements with medical practitioners made under the provisions of this section may include arrangements with approved clinics, or groups of medical practitioners practising in co-operation, whereby qualified persons may select any such clinic or group of practitioners in lieu of selecting a medical practitioner as provided in this section.

(4) Regulations shall prescribe

- (a) the rules and procedure to be followed in determining the class or classes of professional services, other than medical practitioner services, which is or are within the competence of each practitioner who is desirous of being included in any list as aforesaid; and
- (b) the classes of services which shall be deemed to be medical practitioner services, either for the province generally or for particular regions or areas thereof, with any modifications therein which may be necessary to meet special circumstances or special cases, or to meet the case of any medical practitioners who do not desire to supply all of the services aforesaid to qualified persons.

The Mead Johnson Vitamin B Complex Award

Nominations are solicited for the 1944 award of \$1,000 established by Mead Johnson and Company to promote researches dealing with the B complex vitamins. The recipient of this award will be chosen by a committee of judges of the American Institute of Nutrition. The award will be given to the laboratory (nonclinical) or clinical research worker in the United States or Canada who, in the opinion of the judges, has published during the calendar year January 1 to December 31 the most meritorious scientific report dealing with the field of the B complex vitamins. While the reward will be given primarily for publication of specific papers, the judges are given considerable latitude in the exercise of their function. If in their judgment circumstances and justice so dictate, it may be recommended that the prize be divided between two or more persons. It may also be recommended that the award be made to a worker for valuable contributions over an extended period but not necessarily representative of a given year. Membership in the American Institute of Nutrition is not a requisite of eligibility for the award.

To be considered by the committee of judges, nominations for this award for work published in 1943 must be received by the secretary, Arthur H. Smith, Ph.D., Wayne University College of Medicine, Detroit, by Jan. 10, 1944. The nominations should be accompanied by such data relative to the nominee and his research as will facilitate the task of the committee of judges in its consideration of the nomination.



***I'm off the bottle-
but I'm sticking with Carnation!***

When, along toward the tenth month, your Carnation feeding formula prescribes a whole-milk dilution, there is no need to change to any other form of milk—and many good reasons for “sticking with Carnation.” These are the same reasons that have made Irradiated Carnation Milk a preferred milk for infant feeding—and the added reasons of established taste-habit and digestive acceptance.

Physicians are invited to write for “Continuing After Weaning With Irradiated Carnation Evaporated Milk.” Address Carnation Company Limited, Toronto, Ontario.

**IRRADIATED
Carnation**

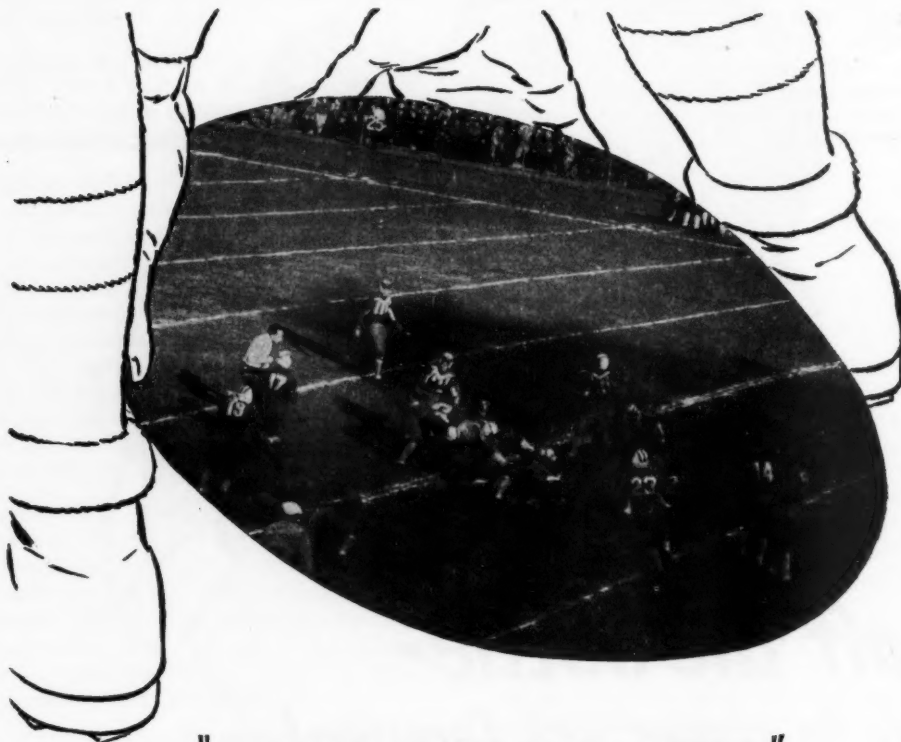


Milk



"FROM CONTENTED COWS"

A Canadian Product



"HOLD THAT LINE"

Soon the infectious diseases of Winter will again threaten Canada's *health line* and extra supplies of vitamins A and D will be needed to supplement deficient diets. "Alphamettes" and "Alphamette" Liquid—standardized, concentrated cod liver oil, fortified with irradiated ergosterol—will be found effective media for the administration of these important vitamins.



"ALPHAMETTES" *For adults and older children.*—Each gelatin capsule contains 5,000 International Units of vitamin A and 1,750 of vitamin D.

"ALPHAMETTE" LIQUID *For infants and young children.* Each drop contains approximately 1,500 International Units of vitamin A and 300 of vitamin D.

Personal Notes and Social News

Dr. Max Wintrobe, formerly professor of Haematology at Johns Hopkins, has been appointed Professor of Medicine at the University of Utah.

◆ ◆

Captain and Mrs. W. H. Sparling East celebrated the birth of a son (Stewart Barrington) August 25th, 1943, at the Winnipeg General Hospital.

◆ ◆

Dr. John Brace Baker, youngest son of Mr. and Mrs. Charles C. Baker, of Gilbert Plains, was married to Margaret Louise, eldest daughter of Mr. and Mrs. E. Ross Kennedy. After the wedding Dr. and Mrs. Baker left for a short honeymoon in the East.

◆ ◆

Dr. and Mrs. George S. Baldry announce the birth of a sister for Kathryn Joan (Janet Elisabeth) at St. Boniface Hospital on August 27th, 1943.

◆ ◆

Drs. Harry Coppinger and O. C. Trainor attended the seventh biennial meeting of the Canadian hospital council which was held in Ottawa September 9th and 10th.

◆ ◆

Drs. Joseph and Elca Graf, of Brandon, celebrated the arrival of a daughter (Veronica Katherine) on September 4th, 1943, at St. Boniface Hospital.

◆ ◆

Dr. Ethel Mina Bookhalter has been appointed medical officer of the C.W.A.C., with the rank of Lieutenant.

◆ ◆

Capt. R. O. Flett, R.C.A.M.C. (overseas) and Mrs. Flett are receiving congratulations on the birth of a daughter (Dorothy Janet) on September 7th, 1943 at the Winnipeg General Hospital.

◆ ◆

Dr. E. W. Montgomery has been appointed chairman of the Provincial Board of Health. Other members of the board are: Drs. M. S. Loughheed, A. F. Menzies, Morden, J. R. Martin, Neepawa.

◆ ◆

Captain and Mrs. J. E. Hudson are happy to announce the birth of a daughter (Marilyn Joan) on September 12th, 1943, at the Winnipeg General Hospital.

◆ ◆

Dr. and Mrs. J. W. Rennie happily announce the birth of a son at the Winnipeg General Hospital on September 21st, 1943.

Dr. I. M. Cleghorn, recently retired from active military service is now in civilian practice in Winnipeg.

◆ ◆

Dr. W. T. Dingle, formerly of Victoria Beach, Man., is now located at Pine Falls, Man.

◆ ◆

Dr. J. M. Dugas, formerly of Winnipeg, is now practicing at St. Pierre, Man.

◆ ◆

Dr. G. A. Low, recently of Souris, Man., is now located at Transcona, Man.

◆ ◆

Dr. C. V. McClelland has moved from Pine Falls, Man., to Transcona, Man.

◆ ◆

Dr. G. B. McTavish, formerly with the R.C.A.M.C., has returned to civilian practice.

◆ ◆

Dr. J. T. Stirling has retired from active military service and re-entered civilian practice.

◆ ◆

Dr. A. R. Taylor, formerly of Winnipeg, has moved to Vancouver, B.C.

◆ ◆

Dr. E. C. Barnes, who for almost two and a half decades was superintendent of the Mental Hospital at Selkirk has retired. In the resignation of Dr. Barnes, the province loses a capable and valuable servant. Dr. Barnes has moved to Victoria, B.C.

◆ ◆

Dr. and Mrs. S. Zeavin of 896 Garfield Street celebrated their twentieth Wedding anniversary on September 16th. A surprise party by a group of colleagues and friends, high-lighted the occasion.

◆ ◆

Dr. E. D. R. Bissett of Pine Falls, Man., has entered the military service.

◆ ◆

Bombing Costs

The cost to the Allies of blasting the German city of Hamburg has been estimated at \$346,000,000, and the probable cost of wiping Berlin off the map at six times as much. That is why we must all bear our share of the \$1,200,000,000 objective of the Fifth Victory Loan.

LIVER EXTRACT INJECTABLE

Purified and Concentrated

15 U.S.P. UNITS PER CC.

The best therapeutic measure at present available for the treatment of pernicious anæmia is the intramuscular injection of a potent, concentrated, and purified liver extract. The concentrated extract prepared by the *Connaught Laboratories* has the following advantages:—

ASSURED POTENCY

Each lot is tested *clinically* for therapeutic activity.

The potency is 15 U.S.P. units per cc.

PURITY

The extract is a clear, light brown solution, containing less than 100 mg. solids per cc.

SMALL DOSAGE

In most cases initial treatment with one cc. per week is sufficient — for maintenance, one cc. at less frequent intervals is generally adequate.

LIVER EXTRACT INJECTABLE is supplied by these Laboratories in 4-cc. rubber-stoppered vials, and in 12-cc. vials for hospital use.

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Department of Health and Public Welfare

Comparisons Communicable Diseases—Manitoba

DISEASES	(Whites Only)				TOTALS	
	1943		1942			
	July 18 to August 14	June 20 to July 17	July 16 to August 12	June 18 to July 15	Jan. 1 to Aug. 14, '43	Jan. 1 to Aug. 14, '42
Anterior Poliomyelitis.....	1	2	8	6	16	33
Chickenpox.....	42	90	51	127	1119	1508
Diphtheria.....	8	11	13	16	172	133
Diphtheria Carriers.....	.....	.....	.....	1	16	7
Dysentery—Amoebic.....	.....	.....	.....	.....	6	.....
Dysentery—Bacillary.....	1	1	.....	1	8	6
Erysipelas.....	1	4	7	10	42	66
Encephalitis.....	.....	1	11	4	4	21
Influenza.....	1	5	1	1	365	176
Measles.....	155	341	47	198	2425	4283
Measles—German.....	4	20	1	9	166	262
Meningococcal Meningitis.....	4	1	3	.....	26	19
Mumps.....	77	172	57	104	3075	2650
Ophthalmia Neonatorum.....	.....	.....	.....	.....	.....	1
Pneumonia—Lobar.....	4	8	4	5	118	84
Puerperal Fever.....	.....	.....	.....	.....	1	2
Scarlet Fever.....	42	105	45	75	955	1060
Septic Sore Throat.....	2	3	.....	3	31	58
Smallpox.....	.....	.....	.....	.....	.....	.....
Tetanus.....	.....	.....	.....	.....	.....	1
Trachoma.....	.....	.....	.....	.....	2	4
Tuberculosis.....	33	59	44	79	394	346
Typhoid Fever.....	1	1	1	.....	19	8
Typhoid Paratyphoid.....	.....	3	.....	.....	3	1
Typhoid Carriers.....	.....	.....	.....	.....	1	1
Undulant Fever.....	.....	2	2	1	6	8
Whooping Cough.....	72	104	50	32	1458	203
Gonorrhoea.....	121	115	137	95	1174	890
Syphilis.....	32	44	75	31	339	465
Meningitis Carriers.....	.....	.....	.....	.....	6	.....

POLIOMYELITIS—Although only one case was reported in Manitoba, this disease is quite prevalent in Minnesota.

DIPHTHERIA—Incidence will likely increase from now on. We have already had 39 more cases this year than we had in the comparable period of 1942. There is still ample time this fall to bring your immunization program up to date.

GONORRHOEA—Also shows a considerable increase in the number of cases compared to the same period in 1942. Your co-operation in reporting contacts to this Department should be a part of every physician's War effort.

SMALLPOX—Four more cases in Saskatchewan and one in Minnesota. It can appear in Manitoba.

DEATHS FROM COMMUNICABLE DISEASE July 1943

URBAN—Cancer 60, Pneumonia (other forms) 9, Tuberculosis 7, Pneumonia Lobar 4, Syphilis 3, Influenza 2, Measles 1, Whooping Cough 1, Septicemia (non puerperal) 1. Other deaths under 1 year, 18. Other deaths over 1 year 170. Stillbirths 12. Total 288.

RURAL—Cancer 25, Tuberculosis 18, Pneumonia (other forms) 6, Whooping Cough 3, Diphtheria 2, Influenza 2, Pneumonia Lobar 2, Syphilis 2, Septic Sore Throat 1. Other deaths under 1 year 22. Other deaths over 1 year 138. Stillbirths 12. Total 235.

INDIANS—Tuberculosis 7, Pneumonia (other forms) 2. Other deaths under 1 year 1. Other deaths over 1 year 2. Stillbirths 0. Total 12.

DISEASE	Manitoba July 18-Aug. 14 *131,885	Ontario July 18-Aug. 14 *3,824,734	Saskatchewan July 18-Aug. 14 *965,974	Minnesota July 18-Aug. 14 *2,792,300	North Dakota July 18-Aug. 14 *641,583
Anterior Poliomyelitis.....	1	4	1	13	2
Meningococcal Meningitis.....	4	11	1	3	4
Chickenpox.....	42	331	88	.....	.....
Diphtheria.....	8	6	1	11	1
Erysipelas.....	1	3	2	.....	1
Influenza.....	1	42	.....	3	4
Encephalitis.....	.....	.....	1	.....	5
Measles.....	155	1200	102	253	174
German Measles.....	4	55	1	.....	.....
Mumps.....	77	293	18	.....	26
Scarlet Fever.....	42	153	35	53	6
Septic Sore Throat.....	2	11	.....	.....	.....
Smallpox.....	.....	.....	4	1	.....
Trachoma.....	.....	.....	1	.....	3
Tularemia.....	.....	1	.....	1	2
Tuberculosis.....	33	190	34	.....	50
Typhoid Fever.....	1	10	.....	1	1
Undulant Fever.....	1	5	.....	21	1
Whooping Cough.....	72	614	129	329	142
Amoebic Dysentery.....	.....	.....	.....	4	.....
Bacillary Dysentery.....	1	.....	.....	1	.....
Rocky Mountain Spotted Fever.....	.....	.....	.....	.....	1
Gonorrhoea.....	121	525	.....	.....	31
Syphilis.....	32	571	.....	.....	23

*Approximate Population.

Department of Health and Public Welfare

Venereal Disease Control Measures

by DR. K. J. BACKMAN,
*Director, Division of Venereal Disease Control,
Department of Health and Public Welfare*

The Programme

1. Improvement of social conditions within the home.
2. Improvement of social environmental conditions in the community.
3. Education in Venereal diseases and sex hygiene.
4. Abolishment of houses of prostitution.
5. Establishment of clinics for the treatment of venereal diseases and special arrangements for indigent cases in rural districts.
6. A more widespread and general use of blood tests for the detection of syphilis in the general population.
7. "Case finding," to bring under treatment infected individuals, serving as foci in spreading infection.
8. Punitive measures, confined principally to the prosecution of owners and lessors of habitations being used as houses of assignation, of individuals engaged in the exploitation of women for immoral purposes, and of prostitutes who practice sexual intercourse as a means of livelihood.

Strategy

Action is necessary in four sectors—health, welfare, legal and moral, the sectors to be so correlated that the components form an indivisible whole aligned against a common foe.

Sectors

1. Health—Modern medical science and public health procedure; physicians, nurses, health departments, university medical training centres and hospitals.
2. Welfare—Social workers and welfare agencies armed to battle squalor, overcrowding, inanition, neglect and insecurity.
3. Legal—Courts, legal profession and police agencies; seeking out and bringing to justice those who for personal gain purvey to men's weaknesses.
4. Moral—Churches and homes; strengthening the moral fibre of the nation inculcating the moral wisdom of the ages, and upholding the sanctity of marriage and family life.

In Manitoba various public spirited citizens, organizations and agencies are interesting themselves in the venereal disease problem, and have shown a willingness and are preparing to go into battle on all sectors.

Physician's Part

1. Not to accept one negative smear as proof of freedom from Gonorrhoea.

In the past two years the Manitoba and British Columbia Clinics have been giving Sulfathiazole to all alleged sources of gonorrhoeal infection, even though initial smear and culture proved to be negative. The alleged source is first informed of the frequent difficulty of establishing a diagnosis. The possibilities of complications developing if treatment is delayed is also discussed. Almost all cases are willing to start treatment at once. Should they not be willing several further sets of smears and cultures are taken.

2. Report all cases of venereal diseases to the Department of Health and Public Welfare on the regulation report Form 1, out of the "Physicians' Report Book" supplied.
3. Collect and submit on same report form information as to alleged source and contacts. A physician may, of course, do case finding work himself, or if practising in Greater Winnipeg, he may on request have a specially trained nurse from the Provincial Department of Health and Public Welfare do "case finding" or follow up work for him, free of charge, acting under his direction. No information need then be divulged to the Department except for statistical purposes and so that work done may be evaluated.
4. In case a patient lapses from treatment for a period of thirty days, submit Form VI, also from "Physicians' Report Book" to the Provincial Health Department or

In Greater Winnipeg a specially trained nurse will follow up lapsed cases for and under a physician's direction if requested.
5. Report on community conditions associated with the spreading of venereal disease, termed the Facilitation process. Blank forms for this purpose will be sent to all physicians.

Facilitation Process

This is information on certain civilian community conditions which make it easy (facilitation) for healthy persons to meet infected persons, thereby, contributing to the spread of venereal disease, when this information is obtained it provides the basis for effective action against menacing community conditions.

Patients V.D. report No.

Where was alleged source met?
 (Pick up on street, dance hall, hotel, bawdy house,
 etc. Give details.)

How did patient meet alleged source?
 (Introduced by friend, pickup, solicited by contact,
 introduced by pimp, taxi driver, etc.)

When was alleged source met?
 (Give hour and date.)

Where exposure occurred
 (Give name, address of any hotel, rooming house,
 bawdy house.)

Was charge made? Amount

Was any payment made to any other person for this
 exposure?
 (For example—rental of room in a rooming house,
 tip to taxi driver, hotel clerk, etc.)

Any further information re exposure

Signature M.D.

Date

Confidential Nature of Information

The information the patient supplies regarding the alleged source or contact to his infection is kept confidential. The identity of the patient is not revealed to the alleged source or contact named.

Recent Additional Services Available

1. A specially trained nurse for venereal disease follow-up and case-finding work in Greater Winnipeg, to do confidential work for and under the direction of any physician upon request.

It is to be distinctly understood that with this service no information will be divulged by the nurse to the Health Department, except for statistical purposes, and so that work done may be evaluated. The names of patients or alleged sources or contacts are with this service, not revealed to the Health Department.

2. Free sulphathiazole tablets are supplied for indigent patients, where there are no facilities for free treatment outside of Greater Winnipeg. The attending physician submits the venereal disease report form and also a request for sulphathiazole and a statement that the patient is indigent.
3. A specially trained nurse will work in rural areas where and when special problems arise helping personnel now doing part-time venereal disease follow-up and case-finding work.

K. J. Backman, M.D.

Should Victory Come Tomorrow

If, for some unexpected reason, victory should come tomorrow would it find each of us ready to join in joyful and solemn celebration? Would we be with those thanking God for safe return of loved ones and for our own survival? Or would we be with the few who were glad only because it was all over and they had not been called upon to serve, had made no great sacrifice in their daily living, had not been hurt in any way?

When the armistice finally comes there will suddenly be some very unhappy people. Not unhappy because the war is over but because it has dragged through its course without their having made the contribution required of every man, woman and child. There is no way of measuring just what each person's contribution should be. For some it is sons and daughters, for some unremitting toil, for some long, unpaid hours at labors of love, and for others the high gift of life itself. Against these things the lending of money at secure rates of interest may not seem very noble. The truth is, however, that it is a very important way of assisting and one which our country cannot well do without.

Canada's Fifth Victory Loan has as its minimum objective the raising of \$1,200,000,000, or more than \$100 from every individual. There are many who are unable to subscribe anything, so it is up to the rest of us to lend all we possibly can, both with cash and on the instalment plan. Then, should the enemy be subdued sooner than hoped, we should at least know that we had done our part in backing our fighting men and materially helping to SPEED THE VICTORY!

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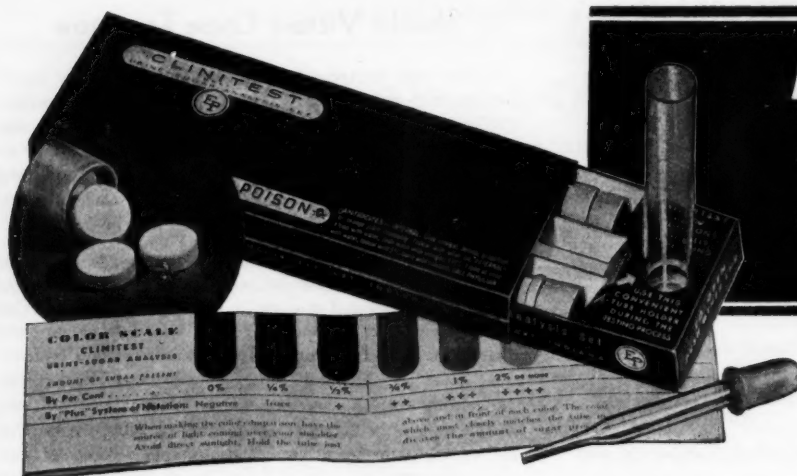
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10 drops water.



2 Drop in tablet.



3 Allow for reaction
and compare with
color scale.

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MEETINGS

Third Friday, each month

Next Meeting

October 15th

MEETINGS

Start exactly at 8:15 p.m.

NOTICE BOARD

Major Strong, our new O.C., opened his campaign with a parachute attack. There was a film on Parachute Training; Capt. Hyndman and Capt. Begg of the Canadian Parachute Training School, spoke respectively on "Parachute Injuries" and "Problems of Night Vision and Motion Sickness," while Major Atkinson dealt with "Psychiatric Problems of Parachute Training." All of which was very interesting to a large audience.

For October, Dr. Bruce Chown informs me, the speaker will be Rev. J. S. Mathieson, and his subject: "China During Six Years of War." Mr. Mathieson has spent 17 years in China and was sufficiently persona grata to the Japanese that he was allowed to pass freely between the two countries.

I have had several letters from our overseas members, for the most part brief notes thanking us for our parcels, but I had a longer one from Lawrence Coke and one from George Evoy. Coke's letter was dated July 26, and came from North Africa. He and his English messmates got their greatest kick out of the Manitoba honey we sent. Coke has been with the R.A.M.C. for four years and he finds it "a source of consternation that while the British doctor is quickly able to adapt himself to Canadian ways the reverse seems to be quite impossible." One infers that he was at El Alamein, for he writes "With the initial advance up to within sight of Bizerta I was cold, muddy and very happy R.M.O. Latterly, when large numbers of casualties were arriving back from the areas I had already seen, I was at the C.C.S. and was able to see them through the most difficult part of their troubles. As many as three hundred casualties were seen and dealt with in twenty-four hours."

He gives a clue to his whereabouts when he writes: "It is very strange that within a short distance of Laveran's home in Constantine should be found one of the world's worst sites for malaria. (Incidentally Laveran discovered the parasites of malaria in 1880 while an army surgeon in Algeria.) "We are within a few miles of the Mediterranean and it is a bad day

when I fail to get a swim, but the heat—temperatures of 114° and upwards—is very trying. He says that fruit, wine and eggs can be got easily enough, but only at terrific prices. Eggs, for example, cost five francs apiece. That is ten cents. I wish we had more letters like Coke's.

George Evoy did not have much to say beyond words of appreciation, but in a letter to Pat McNulty he expressed himself as being strongly in favour of leaving Sicily to the Sicilians. Filth and flies were everywhere in large quantities and, as seems universal in Italy, while the eye was everywhere pleased, the nostrils were continually offended. It is strange that, in the Old World at least, the picturesque and the sanitary are so incompatible. Yet, not even the combination of dust, insects and stench could dull one's interest in the land of the Lotus Eaters. There in miniature you have the history of the Ancient World. The Phoenicians, the Greeks, the Carthaginians, the Romans, the Goths, the Normans, the French, the Spaniards have in turn fought for it, won it and lost it. Indeed, long before any of these were heard of it was the battle ground of the ancient gods against all those who would overthrow them. There is within its narrow compass more history than there is in both the Americas.

Beneath it, says legend, there lies imprisoned the most monstrous creatures brought forth by Gea in the days when the world was young. Typhoeus by name, he was the last desperate resource of the Giants in their struggle with the gods. He was, in the words of Grote, "of such tremendous properties and promise that, had he been allowed to grow into full development, nothing could have prevented him from vanquishing all rivals and becoming supreme," all of which indicates that he was the original Hitler. But there was a Churchill also in those days and Zeus, who played that role, did battle with this father of all aggressors. The earth shook and heaven trembled. The giant's hundred heads vomited flames and Zeus hurled his fiery thunderbolts. The sea, in a turmoil, flashed with reflections of this titanic and terrific artil-

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lery exchange. At last Typhoeus began to falter and Zeus, taking advantage of his weakness, hurled upon him a mass of land. Two of its corners pinned down his arms, the third confined his feet and a spiracle, which we call Etna, was left him through which in his helpless rage he belched forth flames and smoke. Such was the birth of Sicily, and amid scenes strangely similar is she reborn.

Memory stirs at the mention of the old names. Agrigentum, where Phalaris roasted people in a brazen well and where Agathocles roasted them in a hollow iron man with an open visor so that he might not miss the contortions wrought by the agony of roasting upon his victims' features. Then there was Empedocles, whose medical theories were so far-reaching and so long-lasting. A pompous little man, clad in a purple robe, cinctured with gold and crowned with laurel, he practiced with such success that the people swore his skill was supernatural. The idea went to Empedocles' head. Why not let him disappear supernaturally, then he would be given divine honours, just like Aesculapius. So he climbed the slopes of Etna and flung himself into its fires. But, alas! Etna refused to be a party to the deception and, by ejecting a brazen sandal, gave the show away.

It would be interesting to hear the Evoyesque comments as he viewed these ancient scenes. The Vale of Enna which saw the rape of Proserpina; the bubbling spring called Arethusa, which was once a maiden, chaste and chased, and was by this metamorphosis rescued from pursuing Orpheus; the ingenious mechanical gestapo agent called the Ear of Dionysius which picked up the mutinous murmurings of his foes and roared them out in the tyrant's hearing. Poor Dionysius! he was so afraid of barbers (as well he might be) that he "shaved" himself by burning off his beard with hot walnut shells!

There was another Dionysius whose name is more pleasant to contemplate—the young and beardless god of wine—the circumstances of whose birth were amongst the most unique in classical obstetrics. It would be hard not to think of Dionysius and wine in the little town of Centauripa, for the name Gellias is inseparably linked with it and Gellias, you may remember, had a wine cellar of 300 reservoirs cut in the solid rock and each reservoir held 700 gallons of the finest wine.

And now, having filled my space, I bring to an end this little excursion to the Isle of Minacrium, or Sicily.



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